PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Applicant

Heilper et al.

Serial No.:

10/813,459

Examiner.

E. Labaze

Attorney Docket No.: IL920040005US1

Group Art Unit: 2876

Filed:

March 30, 2004

Title:

COUNTERFEIT DETECTION METHOD

RECEIVED

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Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

## CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this Amendment (9 pages) is being facsimile transmitted under Rule 37 CFR 1.61(d) to the U.S. Patent and Trademark Office to (703) 872-9306 on December 8, 2004.

Stephen C. Kaufman Reg. No. 29,551

## **AMENDMENT**

Sir:

This Amendment is filed in response to the Office Action dated September 9, 2004 issued by the United States Patent and Trademark Office in connection with the aboveidentified Application. A response to the September 9, 2004 Office Action is due December 9, 2004. Accordingly, this Amendment is being timely filed.

Kindly amend the above-identified application as follows:

PAGE 1/9 \* RCVD AT 12/8/2004 12:59:23 PM [Eastern Standard Time] \* SVR:USPTO-EFXRF-14 \* DNIS:8729306 \* CSID:9149453281 \* DURATION (mm-ss):02-32

		I FEE DETERMINATION	22222
DATENT	ADDITO ATION	I EEE NETEUNININ III INI	
MAIPNI	APPI ILAHILIN	LEEF LICERWINDALLING	ncunu

Effective October 1, 2003

Application or Docket Number

10813485

	OF	SMALL	ENTITY		
	FEE	RATE	FEE		
FOR NUMBER FILED NUMBER EXTRA BASIC FEE 3	85.00 OF	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS 75 minus 20= . C XS 9=	OF	X\$18=	90		
INDEPENDENT CLAIMS 6 minus 3 = 1 3 X43=	· OF	X86=	258		
MULTIPLE DEPENDENT CLAIM PRESENT +145=	OF	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL	OF	TOTAL	1118		
12804 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) SMALL ENT	TITY OR	OTHER SMALL			
AFTER PREVIOUSLY EXTRA RATE TIC	DDI- ONAL EEE	RATE	ADDI- TIONAL FEE		
Total • 36 Minus • 35 = / xs	OR	x5561	50		
Independent • 5 Minus ••• 6 = — X	OR	XBATT			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM.   +1864	OR	380			
TOTAL		TOTAL			
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					
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(Column 1) (Column 2) (Column 3)	•				
CLAIMS REMAINING AFTER AMENDMENT  Total  Total  Independent  Minus  Total  Tota	NAL	RATE	ADDI- TIONAL FEE		
Total • Minus • = X\$ 9=	OR	X\$18=			
Independent • Minus ••• X43=		X86=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	OR	700-			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.	OR	+290= TOTAL			
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE ON ADDIT. FEE  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.					